

Policy Number: FAC4095

DECLARATIONS PAGE  
COMMERCIAL PACKAGE  
AMERICAN CAPITAL ASSURANCE CORP  
P.O.Box 33018  
St. Petersburg, FL 33733-8018  
(877) 274-8765



Endorsement Reason: EN: Limit of Insurance

EN: Eff 2-20-12 Increase Bldg Limits &  
Decrease Pool Limits

Inception Date: 02/12/2012

Expiration Date: 02/12/2013

At 12:01 AM Standard Time at the location of Described Property

Effective Date of this Transaction: 2/20/2012

Named Insured/Mailing Address

River's Edge Association, Inc.  
C/O John Green III  
PO Box 786  
Steinhatchee, FL 32359

Agency:

416780  
Statewide Commercial Insurance Inc  
1425 20th St.  
Vero Beach, FL 32958  
  
(772) 567-1700

COMMERCIAL PACKAGE:

Commercial Property Premium

PREMIUM

\$10,352.00

General Liability Premium:

Not Covered

Fees:

Mga Fee:	\$25.00
Empa Fee:	\$4.00
Fire College Fee:	\$10.00
FHCF Fee:	\$135.00
Citizens EA Fee:	\$104.00

Total Premium and Fees

\$10,630.00

Endorsement Premium

(\$40.00)

LOCATION OF PROPERTY

<u>Loc</u>	<u>Bldg</u>	<u>Address</u>
1	1	6990 SW HIGHWAY 358 STEINHATCHEE, FL
2	1	7086 SW HIGHWAY 358 STEINHATCHEE, FL

Forms and Endorsements: ACAC C 0001 10 02, ACAC C 0002 10 06, ACAC CP DEC 09 06, IL 09 85 01 08

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES AND A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

Countersigned by Authorized Representative

ST. Petersburg, Florida

Date: 02/21/2012

## COMMERCIAL PROPERTY COVERAGE PART DECLARATION PAGE

**COVERAGES PROVIDED** Insurance At the Described Premises Applies Only For Coverages For Which A Limit of Insurance is shown

Loc No.	Bldg. No.	Coverage	Limit of Insurance
1	1	Building	\$1,432,155
2	1	Building	\$1,432,155

## OPTIONAL COVERAGES

Description	Amount
Building Valuation - Roofs	Replacement Cost Value
Co-Insurance - Building Coverage and Personal Property	90%
Building and Personal Property Property Valuation	Replacement Cost Value
Inflation Guard - Building Coverage	2%
Equipment Breakdown	COVERED
Terrorism	REJECTED

## DEDUCTIBLE

Calendar Year Hurricane Deductible:	3%
All Other Deductible:	\$5,000 Per Occurrence

**COVERED CAUSES OF LOSS:** Basic Form  
**WINDSTORM OR HAIL:** Covered

## To Specific Premises/Coverages:

Loc No.	Bldg No.	Coverage	Limits
		Swimming Pool	\$25,584.00
		Swimming Pool	\$25,584.00

## LOSS PAYEE

There are no loss payees on this policy

**YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.**

**Forms and Endorsements:** ACAC CP 0003 09 06, ACAC CP 0005 05 03, ACAC CP 0007 07 10, ACAC CP 0009 09 06, CP 00 17 10 00, CP 00 90 07 88, CP 01 25 07 08, CP 01 40 07 06, CP 01 91 07 10, CP 03 23 05 05, CP 10 10 10 00, CP 10 32 08 08, CP 12 09 09 95, IL 01 12 06 10, IL 01 75 09 07, IL 02 55 01 10, IL 03 02 05 05, IL 04 15 04 98, IL 09 35 07 02, IL 09 53 01 08

Policy Number: **FAC4095 - WRAP**

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AMERICAN CAPITAL ASSURANCE CORP  
P.O.Box 33018  
St. Petersburg, FL 33733-6018  
(877) 274-8765



Endorsement Reason: EN: Limit of Insurance

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At 12:01 AM Standard Time at the location of Described Property

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**Named Insured/Mailing Address**

River's Edge Association, Inc.  
C/O John Green III  
PO Box 786  
Steinhatchee, FL 32359

**Agency:** 416780

Statewide Commercial Insurance Inc  
1425 20th St.  
Vero Beach, FL 32958  
  
(772) 567-1700

**Supplemental Property Coverage:**

WRAP Premium	\$4,243.00
FHCF Fee	\$55.00
Citizens EA Fee	\$42.00

Total Premium and Fees \$4,340.00

**Endorsement Premium** \$73.00

**LOCATION OF PROPERTY**

<u>Loc</u>	<u>Bldg</u>	<u>Address</u>
1	1	6990 SW HIGHWAY 358 STEINHATCHEE, FL
2	1	7086 SW HIGHWAY 358 STEINHATCHEE, FL

Countersigned by Authorized Representative

ST. Petersburg, Florida

Date: 02/21/2012

## SUPPLEMENTAL PROPERTY COVERAGE PART DECLARATION PAGE

**COVERAGES PROVIDED** Insurance At the Described Premises Applies Only For Coverages For Which A Limit of Insurance is shown

<u>Loc No</u>	<u>Bldg No</u>	<u>Coverage</u>	<u>Limit of Insurance</u>
1	1	Building	\$1,432,155
2	1	Building	\$1,432,155

## OPTIONAL COVERAGES

<u>Description</u>	<u>Amount</u>
Building Valuation - Roofs	Replacement Cost Value
Co-Insurance - Building Coverage and Personal Property	90%
Building and Personal Property Property Valuation	Replacement Cost Value
Inflation Guard - Building Coverage	2%
Equipment Breakdown	COVERED
Terrorism	REJECTED

**DEDUCTIBLE:** \$5,000 Per Occurrence

**WATER DAMAGE COVERAGE:** Covered

## To Specific Premises/Coverages:

<u>Loc No.</u>	<u>Bldg No.</u>	<u>Coverage</u>	<u>Limits</u>
1	1	Swimming Pool	\$25,584.00
2	1	Swimming Pool	\$25,584.00

## LOSS PAYEE

There are no loss payees on this policy

**Forms and Endorsements:** ACAC C 0001 10 02, ACAC C 0002 10 06, ACAC WRAP 0002 12 10, ACAC WRAP 0003 01 03, ACAC WRAP 0004 01 03, ACAC WRAP 0005 12 10, ACAC WRAP 0006 09 06, ACAC WRAP 0010 01 03, ACAC WRAP 0011 05 03, ACAC WRAP 0014 05 10, ACAC WRAP 0015 09 06, ACAC WRAP 0018 11 06, ACAC WRAP 0019 07 06, ACAC WRAP 0024 07 10 FL, ACAC WRAP COM DEC 09 06, IL 09 53 01 08, IL 09 85 01 08